

Notice- Group Insurance Coverage During Leave per FMLA

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

INITIAL NOTICE

DATE:

TO:

FROM:

SUBJECT: GROUP INSURANCE COVERAGE DURING FAMILY MEDICAL LEAVE
(FMLA)

Date Family Medical Leave began _____
Group Benefits Plan coverage(s) _____

State employees on Family Medical Leave are required to pay premiums by the end of the pay period in which they are due, in order to keep benefits in effect. If you are on FMLA you are required to pay only the employee's share of the premium. FMLA allows a 30 day grace period for submitting premiums.

It is extremely important to pay close attention to the payment requirements outlined below so that coverage is not lost.

CARRIER PAYPERIOD AMOUNT DUE DATE (S) PREMIUMS DUE

The insurance premiums are due on the dates shown and are payable by cashier's check or by money order. Remember medical, dental, vision, life, disability, Flex NM (FSA), and Administrative Fees can be made on one Money Order or Cashier's Check and must be made payable to Risk Management Division.

Non-payment of the premium amount(s) by the due dates specified above will result in cancellation of your coverage. Failure to pay premiums while on FMLA will result in the termination of group insurance. Upon return to active work, coverage will be reinstated.

If you have any questions, please contact me at _____. Thank you for giving this matter your prompt attention.